Form 307 6/2005

STATE OF UTAH – LABOR COMMISSION

Division of Industrial Accidents 160 East 300 South – 3rd Floor P. O. Box 146610

Salt Lake City, Utah 84114-6610 one: (801) 530-6800 Fax: (801) 530-6804

Claimant Name	Social Security Number
Claimant NameAddress	Date of Injury
	Employer
Telephone Number	
"Notification to the Wo	rkers' Compensation Claimant"
	worker who files a claim for workers' compensation
	e and address of medical providers who have provided an
medical treatment for up to the past 10 years (15 years	ars if Permanent Total claim or in Adjudication). This is
your notice that any and all of the medical records w	within the custody of the medical provider that you have
isted may be requested by the party named on this f	Form, as authorized by Rule R612-2-22. The medical
provider is required to release the medical records p	er the rule, in order for the insurance carrier, self-insured
employer, or the Labor Commission to make a deter	mination in your case. *You are required to sign the
"Authorization to Release Medical Records" Form 3	308 (I).
Please list all the medical providers for industrial inj	
Please list any other medical providers who have tre	ated you for <u>any</u> medical problems within the past
years (up to 15 years).	
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To: Injured Workers	
Per Industrial Accidents Division Rule, R612-2-22, an injured worker may <u>exclude</u> naming medical providers who provided medical for the following care, unless that care is part of the industrial injury claim.	
 Psychiatric care by a psychiatrist or psychologist Reproductive organ care provided by a gynecologist. Obstetrician or urologist 	
The above medical care information may be obtained by the entities listed in the Rule by a signed approval by the Industrial Accidents Division or an Administrative Law Judge.	